ABSTRACT

TITLE: Corelation Between Clinical Diagnosis And Claussens Butterfly Chart Patterns In Patients With Vertigo

INTRODUCTION:

Vertigo accounts for upto 10% of OP cases in some centres. It is also the most confounding symptomatology (80% is undiagnosed).

AIMS and OBJECTIVES:

- To study the clinical presentations of Vertigo and arrive at a clinical diagnosis of etiology.
- To use ELECTRONYSTAGMOGRAPHY to verify the diagnosis.
- To compare the ELECTRONYSTAGMOGRAPHY findings with the clinical diagnosis of cause of Vertigo.

MATERIALS AND METHODS:

50 patients attending the neurotology OPD in our hospital with complaints of vertigo, with intact TM were included in this study. They were subjected to a detailed history and clinical examination and a working diagnosis was arrived at.

Everyone was subjected to a PTA and ENG test battery – Butterfly Chart was plotted and further investigations as required. A final diagnosis was arrived.

OBSERVATIONS:

The sensitivity and specificity of Butterfly Code for peripheral lesions was found to be 64.3% and 50% respectively ($p= 0.363$). The Sensitivity and specificity of Butterfly Code for central lesions was found to be 75% and 73% respectively ($p<0.001$). The negative predictive values of Butterfly code for both central and peripheral lesions were found to be 81% and 78% respectively.

CONCLUSIONS:

It is possible to identify the central and peripheral lesions using ENG and also point out the side of lesion with reasonable accuracy.